12121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) Second St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Liza (Last) Anthony
4. DATE OF DEATH (Month) Dec. (Day) 31st (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept. 20th 1878
9. AGE last birthday 72 yrs. If under 1 year Months 2 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.H.

13. FATHER'S NAME William Slaughter
14. MOTHER'S MAIDEN NAME No records

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Howard J. Anthony

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Renal Disease	2 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	10 yr
	(c)	

442x
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1949, to Dec 31, 1950, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Dunson T. George (Degree or title) MD ADDRESS Denton Md DATE SIGNED 1/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 2nd 51
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REG. 1/2/51
REGISTRAR'S SIGNATURE Wm D A George
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

12122

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville near Denton
STREET ADDRESS (If rural give location) R. F. D.

3. NAME OF DECEASED (Type or Print): (First) Marsie (Middle) (Last) Carroll

4. DATE OF DEATH: (Month) Dec. (Day) 27th (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: about 1875 unknown

9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thos. Carroll

14. MOTHER'S MAIDEN NAME: (unknown) Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Lizzie Slaughter, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: Sudden

331 X Antecedent cause(s)

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on Arrival, 19....., to....., 19....., that I last saw the deceased alive on July, 19 50., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. George Dept Medical Examiner Denton Md 12/

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: Dec. 29th-50

NAME OF CEMETERY OR CREMATORY: Denton Cemetery

LOCATION (City, town, or county) (State): Denton Caroline Co. Md.

DATE REC'D BY LOCAL REG. 12/27/50

REGISTRAR'S SIGNATURE: Mrs DO George

24. FUNERAL DIRECTOR: J. Virgil Moore & Son

ADDRESS: Denton

DEC 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12123

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Caroline — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (In this place): 9 mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural give location): Bethlehem

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) John (Last) Cooper

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 4, 1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Caroline County, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Cooper

14. MOTHER'S MAIDEN NAME: Alice Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Mrs. Grace L. Cooper, Bethlehem, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1 94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Hunson C. George Dpty Medical Examiner - Denton Md. — 12/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. 12/15/50 — REGISTRAR'S SIGNATURE: Cornelia D. Plummer

24. FUNERAL DIRECTOR — ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

496 X1

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DEC 18 1950
LANHAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12124

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: American Corner RFD
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: same — COUNTY: same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: same
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) Shilo (Middle) Culver (Last) Jr.

4. DATE OF DEATH: (Month) Dec. (Day) IO, (Year) I950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: I2/IO/I950

9. AGE last birthday: 0 yrs. — If under 1 year: Months — Days: 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Shilo Culver Sr.

14. MOTHER'S MAIDEN NAME: Mary E. Abrems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Shilo Culver Sr. Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 3 days.

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) —

107 (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Federalsburg (CITY OR TOWN) Caroline (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1950, to 12/10, 1950, that I last saw the deceased alive on 12/10, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. W. Anderson M.D. — ADDRESS: Federalsburg Md. — DATE SIGNED: 12/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: I2/II/I950 — NAME OF CEMETERY OR CREMATORY: Federal Hill Cem. — LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: December 11, 1950 — REGISTRAR'S SIGNATURE: Everett Mattle, Deputy Registrar

24. FUNERAL DIRECTOR: Harvey Williams — ADDRESS: Federalsburg, Md.

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RECEIVED
JAN 12 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12125

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Months
Hospital, institution, or street address where death occurred:
Route 2, (1½ Miles South of Hickman)
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Route # 2 - Near Hickman
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Norman Edward Elliott, Sr. **3.(b) Social Security Number:**

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, ~~or divorced~~
Male	White	Widowed

6.(b) Name of ~~husband or~~ wife: Winnie Hewitt Elliott
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Mar. 22. 1889

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
61	9	5		

9. Birthplace: Princess Anne, Md. R.D. 1 (Town, county, and state)
10. Usual occupation: Farmer - Owner
11. Industry or business: Own Self -
FATHER 12. Name: Sidney F. Elliott
13. Birthplace: Maryland
MOTHER 14. Maiden name: Ella J. Twigg -
15. Birthplace: Maryland -
16. Informant: Mrs. Claudia Kingman
Address: Harrington, Delaware -
17. (Burial, cremation, or removal. Which?) Burial Date thereof: Dec. 30, 1950 (month) (day) (year)
Cemetery or ~~crematory~~: Hollywood -
Location: Harrington, Delaware
18. Funeral director: (Mrs.) H. N. Boyer
Address: Harrington, Delaware
19. 12/29 1950 (Date rec'd by registrar) M. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 1950 at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7-8 1949 to Dec 27 1950 and that I last saw h~~im~~ alive on Dec 27 1950

Immediate cause of death	DURATION
Myocardial Infarc	
Due to: 420.1	
Due to:	
Other conditions	

94a (Include pregnancy within 3 months of death)
Major findings of operation: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: H. F. Chipman M.D. (M. D. or other)
Address: Harrington Del. Date signed: 12/29/50

RECEIVED
DEC 30 1950
BUREAU T. B

MARYLAND STATE DEPARTMENT OF HEALTH

12825

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro; LENGTH OF STAY (in this place): 61 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Roe (Middle) (Last) Henery

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/2/1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Henery

14. MOTHER'S MAIDEN NAME: Ida Lockerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Florence Henery Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1 Immediate cause (a) Coronary Occlusion

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Dec. 31, 1950, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clark H. Smith M.D. Greensboro, Md. June 2 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1/4/51 | NAME OF CEMETERY OR CREMATORY: Union | LOCATION (City, town, or county) (State): Near Goldsboro, Md.

DATE REC'D BY LOCAL REG. 1/4/51 | REGISTRAR'S SIGNATURE: A. Clark Smith | 24. FUNERAL DIRECTOR ADDRESS: R.B. Rawlings Greensboro, Md.

866VV

RECEIVED
JUL 7 1951
U.S. GEOL. SURV.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12126

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural; LENGTH OF STAY (in this place) 44 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Choptank

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural; STREET ADDRESS (If rural, give location) Near Choptank

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Nusbaum

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 30, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in Store

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): New Windsor, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Nusbaum

14. MOTHER'S MAIDEN NAME: Mary Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-6985

17. INFORMANT AND ADDRESS: Mrs. Martha D. Nusbaum, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: 8 yrs

450.0 97

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3/36, 19..., to 12/24..., 19 50, that I last saw the deceased alive on 12/ 15/, 19 50, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE Dwight D. Plummer (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED 12/2/650

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 26, 1950

NAME OF CEMETERY OR CREMATORY Linchester Cemetery

LOCATION (City, town, or county) Preston, Maryland (State)

DATE REC'D BY LOCAL REG. 12/26/50

REGISTRAR'S SIGNATURE Cornelia D. Plummer

24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.

43272

RECEIVED
DEC 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12127

CERTIFICATE OF DEATH

Reg. Dist. No. 67

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickman
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickman
STREET ADDRESS (If rural give location) Denton, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bernard (Last) O'Day
4. DATE OF DEATH: (Month) Dec. (Day) 7th (Year) 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 13, 1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months 7 Days 27 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning House Work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William O'Day
14. MOTHER'S MAIDEN NAME: Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-01-5592
17. INFORMANT: James O'Day (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X **Immediate cause** (a) Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 Months

46g **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1950, to Dec. 9, 1950, that I last saw the deceased alive on Dec. 5, 1950, and that death occurred at 9 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Paul Potts M.D. — ADDRESS Denton Md — DATE SIGNED 12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1950 — NAME OF CEMETERY OR CREMATORY: Wesley Church Cemetery — LOCATION (City, town, or county) (State): Burrsville, Caroline, Md.

DATE REC'D BY LOCAL REG. 12/12/50 — REGISTRAR'S SIGNATURE Jm D O'Day

24. FUNERAL DIRECTOR — ADDRESS: J. Virgil Cooper & Son, Denton

RECEIVED
DEC 18 1950
BUREAU V. S.

Dr. Smale 12128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton. Rd.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Powell

4. DATE OF DEATH (Month) Dec. (Day) 23rd (Year) 1950

5. SEX Female
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 1866
9. AGE last birthday about 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Myrtle Adams, Philadelphia Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH 12-23-50 ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1949, to Dec 21, 1950, that I last saw the deceased alive on Dec. 21, 1950, and that death occurred at 7P m., from the causes and on the date stated above.

SIGNATURE H. L. Smale, MD (Degree or title) ADDRESS Denton Md. DATE SIGNED Dec. 27-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 27th-50
NAME OF CEMETERY OR CREMATORY Chapel Church Ford
LOCATION (City, town, or county) Mathews town, Talbot (State) Md

DATE REC'D BY LOCAL REG. 12/27/50
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1960
JUNEAU, A.

12129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton (Rural) LENGTH OF STAY (If this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jane (Last) Schuyler

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH July 10, 1870
9. AGE last birthday 80 yrs. If under 1 year Months 5 Days 3. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Grappe Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Harrison Lee Price
14. MOTHER'S MAIDEN NAME Maryla Blades.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT William Schuyler.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	6 mos.
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Chronic Nephritis	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec. 13, 1950, that I last saw the deceased alive on 12/13, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Danson O George (Degree or title) Md ADDRESS Denton Md DATE SIGNED 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/16/50
NAME OF CEMETERY OR CREMATORY Longwoods Episcopal Church
LOCATION (City, town, or county) (State) Easton - Md

DATE REC'D BY LOCAL REG. 12/16/50
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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12130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton, Rd. — LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton, R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Elwood (Last) Schuyler
4. DATE OF DEATH: (Month) Dec. (Day) 16th (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 11th 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm & Chicken Plant
11. BIRTHPLACE (State or foreign country): Saldabor Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel E. Schuyler
14. MOTHER'S MAIDEN NAME: Margret Bonding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. S. E. Schuyler, Denton, Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral arteriosclerosis	2 years
334 X Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) general arteriosclerosis	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1934, to Dec 16, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: Paul Knotts (Degree or title) MD — ADDRESS: Denton Md — DATE SIGNED: 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: Dec. 20th 50 — NAME OF CEMETERY OR CREMATORY: Concord Cemetery — LOCATION (City, town, or county): Concord Caroline (State) Md

DATE REC'D BY LOCAL REG.: 12/19/50 — REGISTRAR'S SIGNATURE: Wm D. O. George — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son, Denton — ADDRESS:

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

DEC 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12131

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Mt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
STREET ADDRESS (If rural, give location) Near Mt. Pleasant

3. NAME OF DECEASED (Type or Print): (First) William (Middle) V. (Last) Sharp

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 14, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Sharp

14. MOTHER'S MAIDEN NAME: Jane Newcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-22-7801

17. INFORMANT AND ADDRESS: Lula Sharp, Preston, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac decompensation	4 mos
410X 92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	? 30 yrs
	(c) Aortic and mitral stenosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 19 44, to 12/10, 19 50, that I last saw the deceased alive on 12/9, 19 50, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul B Plummer M.D Preston Maryland 12/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 13, 1950
NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery
LOCATION (City, town, or county) (State): Near Preston, Md.

DATE REC'D BY LOCAL REG.: 12/13/50
REGISTRAR'S SIGNATURE: C. W. Plummer

24. FUNERAL DIRECTOR ADDRESS: J. J. Framptom and Son, Federalsburg, Md.

866 VV

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DEC 14 1950

12132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH · COUNTY: Caroline · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro · LENGTH OF STAY (in this place): 45 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Cora	(Middle) Elizabeth	(Last) Sharpneck	4. DATE OF DEATH	(Month) 12	(Day) 10	(Year) 1950
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 2/13/1900	9. AGE last birthday: 50 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: F.D. Sharpneck	14. MOTHER'S MAIDEN NAME: Laura Houghette						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: 220-03-3551	17. INFORMANT AND ADDRESS: Mary Mc Creary Greensboro, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

415 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Cardiovascular Disease

93c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1950, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 9, 1950, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE: Charles H Greenfield (Degree or title) ADDRESS: Greensboro, Md DATE SIGNED: 12-12-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 12/13/50	NAME OF CEMETERY OR CREMATORY: Greensboro	LOCATION (City, town, or county) (State): Greensboro, Md.
DATE REC'D BY LOCAL REG.: Dec. 12-1950	REGISTRAR'S SIGNATURE: L. Mae Pippin	24. FUNERAL DIRECTOR: R.B. Rawlings	ADDRESS: Greensboro, Md.

52086

RECEIVED
DEC 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12133

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Lou (Last) Thomas
4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Single	6/8/1950	6 mos yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Thomas
14. MOTHER'S MAIDEN NAME: Virginia Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Charles Thomas - Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X **Immediate cause** (a) Broncho Pneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
108 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hudson D George	Deputy Medical Examiner	Denton Md	12/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/50	Denton	Denton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/30/50	Wm D Tull	J D Woodcock & Son	Denton Md

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12134

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Caroline — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: University Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: same
STREET ADDRESS (If rural, give location): same

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) J. (Last) Williamson

4. DATE OF DEATH (Month) (Day) (Year): I2/II/I950

5. SEX: Fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Sept. 30, I863

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Holt

14. MOTHER'S MAIDEN NAME: Susan King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: L. F. Williamson Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorrhage — 12. 2. 50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 331X 83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1950, to I2-II, 1950, that I last saw the deceased alive on I2-II, 1950, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE: W. E. Simmons (Degree or title) MD — ADDRESS: Federalsburg Md — DATE SIGNED: I2-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: I2/I5/I950 | NAME OF CEMETERY OR CREMATORY: Hillcrest Cem. | LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: December 15, 1950 | REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy Registrar

24. FUNERAL DIRECTOR: L. Harvey Williams — ADDRESS: Federalsburg, Md.

RECEIVED
JAN 12 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

12135

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 607

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
MARYLAND
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wyoming
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Edward (Last) Wilson

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-10-1861

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer tenant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Earl Wilson, Wyoming Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Several yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Hanson L George (Degree or title) Dpty Medical Examiner ADDRESS Denton DATE SIGNED: Md 12/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 12-9-50 — NAME OF CEMETERY OR CREMATORY: Bladen — LOCATION (City, town, or county) (State): Bladen, Del.

DATE REC'D BY LOCAL REG. 12/9/50 — REGISTRAR'S SIGNATURE: A. Clark Smith

24. FUNERAL DIRECTOR: William A Berry Jr. — ADDRESS: Milford Del

VS. A15A

RECEIVED
JAN 10 1951
BEAU T. S